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VALUE FAINTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>33</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>716</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Marnet Villalobos</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>M.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes.</u>
5. No., in order of birth _____		7. Date of birth <u>Oct. 11 23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Jesus Villalobos</u>		Full maiden name <u>Bernada Loya</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(a) Born alive and now living <u>6</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30</u> p.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. Vasquez</u> (Physician or midwife) Address <u>Globe, Arizona</u>	
Given name added from a supplemental report _____ Month, day, year. _____ Registrar. _____		Filed <u>11-10</u> 19 <u>23</u> <u>B. G. J. 104</u> Filed <u>11-10</u> 19 <u>28</u> <u>B. G. J. 104</u> Local Registrar. _____ County Registrar. _____	

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